The following pages are exhibits for the standard

Travel Expense Account (2 Pages)

For Orders, you may contact:

Forms Management Division of Administration

At:

225-219-9570

TRAVEL EXPENSE ACCOU	DATE OF CLA	Page 1 of 2 DATE OF CLAIM				
FACS BA-12 (9/86)	DEPARTMENT					
The statement on the reverse side must be completely fill NAME OF OFFICER OR EMPLOYEE	DIVISION	DIVISION				
ADDRESS			SECTION			
CITY			FOR PERIOD)		
	Expense Summary	У				
	Lump-Sum Allowance			\$		
		mi. @ .40	mi. @ .40 per mi			
Automobile:	Per Mile Cost:	mi. @ .40	mi. @ .40 per mi		\$	
	Lodging	\$				
Subsistence:	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND	\$	\$			
Tolls and Parking					\$	
Tips (for baggage handling only)					\$	
Other Expenses					\$	
Less: Travel Advance					\$	
Total Reimbursable Costs					\$	
	Certificate of Payer and true in all respects; that the distances shown we have incurred on official business of the State and	ere actually and r				
SIGNED BY PAYEE	TITLE OR POSITION		OFFICIAL DO	MICILE		

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Certificate of Head of Budget Unit

NAME	SIGNED BY:	TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

	Cost Center				Amount		
Agency No.	No.	Object	Obj. Det.	Project No.	Debit	Credit	Document Reference
							_

DATE	DATE HOUR (SPECIFY AM/PM)					SUBSISTENCE							
			TERRITORY TRAVELED				MEALS						
			ODOMETER READING						TOLLS		OTHER EXPENSES		
	DEP.	ARR.	SHOW ALL POINTS VISITED	DEPART	ARRIVE	MILES TRAV.	LODGING	NO.	COST	AND PARK.	TIPS	DESCRIPTION	COST
-													
			TOTALS				\$		\$	\$	\$		\$